

2011 Softball Adult Registration Form

Entry Fee must accompany this form. You may register by mail, in person, online, or over the phone with a major credit card (651)558-2255.

Only one (1) form of payment (cash, business check or credit/debit card) will be accepted. (No personal checks)

Please make checks payable to: **St. Paul Municipal Athletics**
1500 N. Rice St.
St. Paul, MN 55117

(Office Use Only):

Date Received _____

Amount _____

Check# _____

Receipt # _____

Staff Initials _____

Team Name	Managers Name	
Address	City	Zip
Day Phone ()	Eve Phone ()	Cell Phone()
Email Address		

Division of Play	Men's	Men's Fast Pitch	Women's	Co Rec
Day of Play/ Class	Mon D McM	Mon B/C Dunn & R/A	Mon D R/A	Sun B/C R/A
(Please Circle)	Mon D R/A	Thur C Dunn	Tues D R/A	Sun D R/A & McM
	Mon D (Dbls) R/A		Wed B/C Dunn	Mon C McM
	Tues D/E McM		Wed D R/A	Mon D/E St. Clair
	Tues D R/A		Wed D/E Phalen	Tues D McM
	Tues D (Dbls) R/A		Thur D R/A	Tues D/E St. Clair
	Wed D/E McM			Wed D McM
	Wed C/D (Dbls) R/A			Wed D/E Dunn
	Wed D R/A			Thur D St. Clair
	Thur D McM			Thurs C/D McM
	Thur D R/A			Fri C/D (Dbls) McM
	Thur D (Dbls) R/A			Fri C/D R/A
	Fri D McM			Fri D/E Dunn
	Fri D R/A			
	Fri D (Dbls) R/A			

Are you a returning **SUMMER** team from last year? Yes No

If yes - what field and night did you play at last year? Night _____ Field _____

Complex request _____

Comments _____

I have read the enclosed conduct policy and will relay it to my team. I will be responsible for the conduct of my team.

Manager/Team Representative _____